

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

28/837459

FILING DATE

4/18/97

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4		/					54						
5		/					55						
6		5					56						
7	/						57						
8		/					58						
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41		/					91						
42		/					92						
43		/					93						
44		/					94						
45	/						95						
46	/						96						
47	/						97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	17						TOTAL IND.						
TOTAL DEP.	37						TOTAL DEP.						
TOTAL CLAIMS	54						TOTAL CLAIMS						

BEST AVAILABLE COPY